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ABSTRACT

The document contains three papers presented at the Annual International Convention of the Council for Exceptional Children in 1979, on the establishment, function, and impact of a preschool speech, language, and hearing program (the Preschool Speech, Language and Hearing Program of the School District of Philadelphia). The first paper, "The Establishment and Full Function of Preschool Speech, Language and Hearing Program in an Urban Setting" (A. Henderson-Barrick), focuses on such aspects as program development and delivery of service in the early identification, screening, evaluation, and remediation of speech, hearing, and language disorders in preschool children. The second paper, "The Instruction Program and Impact Upon Preschool Communicatively Handicapped Children and Their Parents" (H. Herrick), does not consider the hearing screening program, but offers -- among other things -- some primary considerations that shape program planning for the preschool speech and language handicapped children and their parents. The third paper, "Management, Accountability and Feedback Systems Developed to Monitor a Preschool Speech, Language, and Hearing Program" (L. Scheiner), includes five appendixes consisting of various sample forms. (DLS)

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Annual Convention of CEC - 1979, Dallas, Texas

Professional Panel Presentation - Tuesday, April 27, 1979 - 8:[illegible]

Title of Panel Presentation - "Preschool Speech, Language & Hearing Program: Establishment, Function, Impact in a Major Urban Setting"

Session Leader & 1st Presenter - Ann Henderson-Barrick, Program Administrator

****Title of First Presentation - "The Establishment and Full Function of a Preschool Speech, Language & Hearing Program in an Urban Setting"

The Preschool Speech, Language and Hearing Program of the School District of Philadelphia was initiated in 1972, three years before the enactment of Part B of the Education for All Handicapped Children Act of 1975 (PL 94-142), which mandates a free appropriate education to all handicapped children, and six full years before this protection was extended downward to include children three (3) years of age.

In the Fall of 1971, a 3-year federal grant was received through Title III of ESEA. Title III provides financial support for innovative and demonstrational projects. These funds were secured through the federal acceptance of a competitive proposal prepared jointly by the Comprehensive Early Childhood Education Network of the Division of Early Childhood Education and the Speech & Hearing Department of the Division of Special Education, both of the School District of Philadelphia. An assessment of need for this specialized service for preschool children had been conducted prior to the writing of the proposal.

The center-based program became known as the Preschool Speech, Language and Hearing Service. As such, it became the first of two major milestones in the history of the School District of Philadelphia. It was the first major cooperative venture between two major branches of the School District of Philadelphia, and more significantly, this program was the first step in the provision of Special Education programming and services to preschool children under the auspices

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of the city's system of public education.

By March, 1972, the idea of a preschool program for early identification, screening, evaluation, and remediation of speech, hearing and language disorders in preschool-aged children was accepted. A speech pathologist (this writer) was assigned the responsibility of organizing and developing such a program that would serve children from all sections of the City of Philadelphia. In September, 1972 this speech pathologist, through competitive examination, was assigned the title of Program Manager with clinical and administrative responsibility for the program. Also, at this time a second speech pathologist was assigned to the project to provide additional diagnostic-therapeutic support as teacher of speech, language, and hearing impaired preschool children. The target population was, and continues to be, preschool children between the ages of 3 years and 4 years 7 months who display severely delayed and/or deficient expressive and/or receptive language skills due to such conditions as hearing impairment, cerebral palsy, cleft palate, brain damage, mental retardation, dysfluent speech, disordered language skills, including perceptual and cognitive deficits, or severely defective articulation. The primary source of the target population was children enrolled in Head Start and Get Set classes, as well as preschool programs operated by the Archdiocese of Philadelphia, area hospitals, clinics, nurseries, and other facilities serving handicapped preschool-aged children within the boundaries of the City of Philadelphia.

The selection of this location was made taking into consideration the findings of the needs assessment which was conducted prior to making federal application (the proposal writing). This first clinic was in the central section of the city, which has the highest population density.

The facility provided for the operation of this program had been leased by the School District following its discontinued original function as a hospital. The facility required considerable capital improvements. For example, various inoperative and obsolete plumbing fixtures had to be removed and replaced. Flourescent lighting was installed to replace the wall bed-lights common in hospitals. Protective shields had to be installed because the windows were low and had wide sills. Telephone installation was necessary. Flaking plaster and peeling paint had to be removed, not simply for aesthetic reasons, but because of the potential hazard of lead poisoning. An outdoor sign identifying the facility as the location of this program had to be ordered, designed and erected.

The Preschool Speech, Language & Hearing Service was unable to adequately serve the retarded children in Philadelphi's Get Set centers, so in November, 1972 a speech pathologist was hired to go into the field to serve sites where Get Set classes for retarded preschoolers were operating, to provide demonstration lessons in language stimulation, to provide resources for the Get Set classroom teachers in the area of language stimulation, to meet with parents of retarded preschoolers enrolled in the Get Set classes, and to provide direct service to children who were diagnosed as having severe communication problems concommitant with their mental retardation.

These two types of programming were unable to adequately serve the screening and requests for therapy, so in the second year of funding (FY72-73) two teachers of the hearing impaired, each with extensive background in training and experience in audiology and in teaching the hearing impaired, were added to the staff. These five persons (1 Program Manager/Speech Pathologist, 1 Speech Pathologist-clinic based, 1 Speech Pathologist-itinerant, 2 Hearing Specialists) comprised the core team . The collaborative interaction of this core team in the continued program planning, as well as service delivery to children, is probably the greatest single factor that impacted on the success of this program. Through this collaborative interaction, a high morale developed and was maintained among the staff. This high morale resulted in a sincere commitment to the project and a willingness to "go the extra measure".

The philosophical basis of the approach used in this program was rooted in the belief that early intervention prevents an inability from becomming a disability, and that early intervention will minimize or reduce the child's needs for various types of special education in later years. A review of the literature results in the conclusion that this was the first program of this type operated by a public school system for 3 and 4 year-old children.

Getting Started

During the spring of 1972, it was necessary to extract, to conceptualize, and to outline programmatically in a specific manner, a process and procedure by which the objectives stated in the proposal would be met. In otherwords, specific procedures and guidelines for the operation of a speech, hearing and language program that would serve preschool children in an urban setting had to be specifically planned, developed and implemented. A plan for outreach and identification of children in need of the service had to be devised. Letters of contact to professionals, agencies and other services to preschool children were drafted. Press releases for local and community newspapers and notices for church and community bulletin boards had to be composed and produced. Appropriate instructional aids, materials, instructional equipment and furniture had to be determined, selected and ordered. Direct personal contact with similar programs in hospitals and university settings had to be made. The purpose of these contacts were three-fold: (1) to better assure a complementation of service (not competition), (2) to establish a rapport for referrals, and (3) to provide an avenue for theoretical and technical exchange.

From March, 1972 through August, 1972 all of this was done in anticipation of full operation as of the opening of school of that same year. Approximately 1,000 letters and flyers were mailed or disseminated to the approximately 150 Get Set and Head Start centers, Parent-Cooperative Nurseries, Child Care Centers, private nurseries, pediatricians, and parents of young children. In addition, direct talks to groups of principals were made and flyers were sent home by every child in all elementary schools in Philadelphia publicizing and describing the program. The intended outcome of this was outreach to siblings and neighbors.

During this time and for the next two or three years, frequent public speaking engagements with parent groups, early educators, pediatricians, pedodontists, social

service agency staffs, etc. were made. Displays were erected at public libraries and in churches. These publicity appearances and talks were made by the staff as well as by the Program Manager. These activities were designed to publicize the program, to educate the public regarding language & speech development in young children and disorders thereof, and to stimulate and maintain a flow of referrals.

Letters to Parents

The letters announcing this free service and a description of the service were mailed during the summer. The letter requested parents and agencies to refer children who were suspected of having speech, language or hearing problems, or who were generally delayed in development. The letter instructed the parent or agency to contact the clinic for an appointment for evaluation and possible scheduling for therapy. Requests for screenings for language and speech delay or deficit were solicited from the Get Set and Head Start Centers. The teachers were provided with a prescreening checklist and questionnaire, which increased the probability that those children referred would be bona fide candidates for the program.

Early Screenings and Evaluations

In addition to the taking of a full case history, informal receptive and expressive language and articulation assessments, an intra-oral examination, a pure tone audiometric examination (either VASC or traditional), a formal articulation test, and the Peabody Picture Vocabulary Test (for receptive language) were administered. The Vineland Social Maturity Scale was also an instrument routinely used. Each child received at least the above. Those children who were scheduled for further evaluation or diagnostic therapy met the following criteria:

(1) They demonstrated, through formal or informal testing, a severe delay in language and/or articulatory functioning, or impaired hearing.

(2) On the basis of initial evaluation, they showed a potential for gain in the areas of speech & language.

(3) Each child demonstrated an ability to attend to stimuli presented by the examiner and an ability to make a response.

(4) The parents expressed willingness to assure the regular attendance of their child for therapy sessions.

(5) The parents pledged their participation in parent training sessions and workshops.

NOTE: This criteria was considered of prime importance.

(6) The professional judgement of the therapist/pathologist that progress could be achieved with the child was taken into account.

Those children who were not selected for the program were referred to other agencies for therapy. Suggestions and inservice training in language stimulation was provided for their classroom teachers. Guidance and specific techniques for use at home were presented to parents through individual conferences and workshops presented by all members of the staff on a rotational basis. On-site consultations and demonstration lessons were provided for early childhood educators by the speech-language pathologists.

Each child was enrolled for a one-semester (5 month) period of diagnostic and prescriptive speech-language therapy. The child was scheduled on a twice-weekly basis for 1 hour sessions individually. In some cases, a child would be scheduled in a small group of 2 or 3 for his second lesson of the week. Approximately 45 minutes of each session were spend in direct or indirect instruction with the child(-ren). The remaining 15 minutes were used in consultation with the parent or parent surrogate. If a surrogate served, a requirement of the program was that it be the same person and that this person be capable of translating and transferring events of therapy into the home. In a few cases, the child's teacher was regularly

granted release time to accompany the child for therapy. In many cases, where appropriate, the parent or accompanying adult actively participated in the therapy session with the child. During the 5-month period, each child received additional and more in-depth assessment of his communication skills. These assessments included, but were not limited to, the use of the following instruments according to appropriateness for determining an individual child's needs:

(1) The Illinois Test of Psycholinguistic Abilities (ITPA)

(2) The Denver Developmental Screening Test

(3) The Wepman Auditory Discrimination Test

(4) The Goldman-Fristoe Test of Articulation

(5) The Arizona Test of Articulatory Proficiency

(6) The Boehm Test of Basic Concepts

(7) The Assessment of Children's Language Comprehension (ACLC)

(8) The Northwestern Syntax Screening Test

NOTE: Of the two sub-tests, the receptive portion was the most useful with this population.

(9) The Carrow Test for Auditory Comprehension of Language (TACL)

(10) The Houston Test of Language Development

(11) The Utah Test of Language Development

(12) The Preschool Language Scale

(13) The Preschool Attainment Record

(14) Spontaneous language sampling and analyses

By the end of the 7th session of therapy a Predicted Improvement Expectancy (PIE) was written for each child. This forerunner of the well-known Individualized Educational Program (IEP) indicated the child's present level of functioning in receptive and expressive language and stated a prediction of expected improvement by criterion by the end of the 5-month period of diagnostic therapy. At the end of the designated period of therapy, post-testing occurred. A child may be re-scheduled

for continued sessions of therapy according to appropriateness.

The pre-academic, pre-readiness curriculum included teaching to individual deficits determined during initial and early subsequent testing. Materials such as the Peabody Language Kits (Level P and Level I), the MWM Kit, the Wilson Syntax Program, Karnes' Game Oriented Activities for Learning Kit (GOAL), extensive Childcraft instructional toys and materials, Cheves pre-readiness materials, DLM, Word-Making materials, Macmillian Early Childhood Discovery Interrelated Materials, teacher-made materials and others are used. Equipment that is used in this program includes auditory trainers, audio-flashcard readers, voice-lite, casette recorders. The programs, materials and items of equipment mentioned above are but a few of the many, many materials and instructional aids that are permanent in each classroom. Again, these commercial materials do not preclude the necessity for teacher-made materials, notebooks, and innovativeness.

Each clinic has an extensive library of professional texts, reference books, and other literature for the enhancement of the continued professional growth of the program staff.

Appearance of the Typical Therapy Room

Upon entering a therapy room, one perceives the immediate similarity to the standard well-equipped kindergarten room. However, these therapy rooms are planned with a sound instructional purpose---to enhance specifics in language and speech (communication) development. The rooms are sectioned off for concentration in the areas of auditory or audio-visual activities, structured play simulations of home activities e.g. kitchen, infant care, clothing, self-help, etc., science-readiness activities involving sand, water, seeds, etc., simulated community activities e.g. store, puppet theater, Piagetian-type pre-academic activities, direct speech therapy.

The entire room is considered a "work room". The child is invited in to work. The work of a student is learning. Learning for a preschool child is best achieved through play, but play with a sound instructional purpose. A more indepth discussion and description of the type and rationale of therapy is discussed in a companion paper entitled, "The Instructional Program and Impact Upon Preschool Communicatively Handicapped Children and Their Parents" by Helen Herrick. From my administrative point of view, and as the developer of this program, all therapy activities are conducted to meet the following objectives:

(1) to achieve improvement in the personal and social adjustment of the child and of the family in relation to the child and his handicap through heightened awareness regarding hearing impairment, communication delays or deficits;

(2) to achieve improvement of the child's receptive and expressive oral verbal communication skills;

(3) to achieve improvement of conceptual and perceptual skills;

(4) to achieve improvement and enhancement of cognitive development;

(5) to enhance the development of gross and fine motor skills.

The good work done by the professional staff of the Preschool Speech, Language and Hearing Service spread throughout the city. The central clinic received more referrals than it could handle. An analysis of the source of the referrals was made; and an analysis of service acceptances and rejections was made. In September, 1974 a second clinic was opened in the northeastern section of the city. This site was a good distance from the first site and since acceptance of the service was noted to be decreased as the distance from the service increased, the selection of this site proved to be programmatically, as well as pragmatically, feasible. This clinic and the next three (3) which were opened the following September were housed in elementary school buildings in areas of demonstrated need.

The total number of clinics is five (5). The first clinic remained the central clinic for administrative and clinical operation. All referrals were received at this address and were distributed to the clinic nearest the child's residence according to an established feeder plan. This procedure facilitated the administration of a, now, decentralized clinical program. Each clinic is staffed by at least one speech-language pathologist and one hearing specialist. All members of the staff are hired by competitive examination and hold or are in the process of qualifying for the Certificate of Clinical Competence (CCC) of the American Speech, Language and Hearing Association (ASHA) in the area of their specialty.

Tabulation of Enrollment/Delivery of Service

A numerical system of counting children served was devised at the inception of the program. This system was designed to facilitate reporting the number of children served and also to facilitate the removal to storage of pupil record folders when they are no longer age-appropriate for the program. Two systems of filing were instituted: (1) an alphabetical card filing system and (2) a numerical folder filing system. These two systems were cross-referenced. A description of this filing system is as follows:

Example: 1-3/72

Interpretation: 1 = the first child to enter the clinic
3/72 = the month and year the child entered

Each subsequent child was assigned a reference number according to his order of initial service and the month and year of that service. In the branch clinics, the same system was used, each beginning with the number one and the appropriate month and year, but with the added initial of the clinic's name, thus:

Example: 1-9/74S

Interpretation: 1 = the first child to enter the clinic
9/74 = the month and year the child entered
S = the first letter of the name of the clinic, Spruance.

The alphabetical file with a card for each child which contains his reference number and all basic identifying information, plus any significant medical or therapeutic data is kept in the central clinic. A duplicate is kept in the branch clinic inwhich the child is enrolled. By referring to the alphabetical file, a respondent to an inquiry can determine current information regarding a child without delay. If more detailed information is needed, the reference number enables the clinic staff to pull the child's folder promptly.

If you are wondering the reason for the dual filing system, the answer was stated in the first paragraph of this section. An example will help clarify. By 1979, a child who entered a clinic in 1973 at age 4 years is now aged 10 years and is in school. This system enables the block removal from the files, folders of all children who exceed age-eligibility on an annual basis, if desired, without undergoing the tedious task of fingering each folder as would be the case in an alphabetical folder-filing system. Meanwhile, the alphabetical card filing system continues. Each clinician is responsible for maintaining current data on the children in their charge. The alphabetical card file is never purged.

Program planning and implementation are but two parts of the paradigm for program development and operation. Program evaluation is an integral and highly significant part of programming. In addition to a 3rd party federal evaluation of this program, the Office of Research and Evaluation of the School District of Philadelphia conducts an objective and thorough evaluation of program operations. In another companion paper entitled "Management, Accountability and Feedback Systems Developed to Monitor A Preschool Speech, Language and Hearing Program" by Louis Scheiner, the method used to evaluate the effectiveness of this program will be discussed.

Any new or innovative program is vulnerable (unless it is legally mandated) to failure. Proposals are written as a response to an awareness of a need, an interest in filling or responding to that need, and a willingness to try to meet the need. All of this is fine and dandy, but a proposal is still just a proposal. The implementation of a proposal or innovation is the true test of the value of an idea----the ability of that innovation to achieve its intended and proposed outcomes. The implementation must be effective to be successful.

The success of an innovative program of this type in an urban setting is in a precarious and vulnerable state because of the multiplicity of factors that can mitigate against it. Such factors are as follows:

(1) the uncertainty of commitment to program goals and belief in the value of the project on the part of project staff.

(2) the uncertainty of the willingness of project staff to serve after hours without assurance of pay.

    (a) The concommitant discouragement of this type of dedication by a unionized teachers' bargaining unit.

(3) the bureaucratic processes through which one must go to achieve necessary and desired means and ends.

(4) the pressure of the realities of the need to demonstrate quality and to prove value and worth of the program in the first year.

(5) the pressure of the necessity to demonstrate effects of the program in the eye of its consumers, the public. (This was accomplished through anonymous parent questionnaires and letters of appreciation.)

(6) the pressure to acquire necessary and sufficient materials and equipment within the budget and within a short span of time.

(7) the problems involved in making the program accessible to its intended population.

    (a) On the whole, urban parents are working parents.

(b) Urban parents are heavily reliant on a system of public transportation which varies in efficiency and reliability.

(8) The absence or insufficiency of administrative support personnel e.g. clerical, budgetary, and social service.

The necessary conditions that enhance success of an innovative program such as the one I have described are as follows:

(1) School District and public support of the program

(2) adequate funding

(3) an adequate and effective plan for operation/implementation:

(a) a plan for meeting the needs of the program staff (for information, time to read and review new materials, time to plan and follow-up on cases)

(b) a plan for meeting the organizational problems (getting to know on a personal basis persons in critical areas of school district operations, e.g. purchsing, warehousing, facilities, real estate, legal department, etc.)

(4) belief in and dedication to the goals of the program by all staff members

(5) allowance of time for staff development

(6) the presence of a person(s) ("Godfather/Godmother") to give needed support and advice (Director of Speech and Hearing Programs, a Director in the Office of Federal Programs, and an administrator in Programs for Early Childhood Education).

Direct personal contact is a necessary condition that cannot be over-estimated. This is direct personal contact with the public (parent groups, medical and health practitioners, school district personnel, the 4-H Club, Girl Scouts, etc.) in each and every opportunity. The person you might least suspect could be of help may coincidently speak to someone who speaks to someone and so on.

The Preschool Speech, Language and Hearing Service survived these pressures and problems and many, many more. It was fortunate to have the necessary conditions for success. The notion of filling the role of a program developer or innovator is thought by some to be a glamorous and exciting one. Glamorous, it is not!! Challenging? Yes! Exciting? Yes!, when you have time to breathe and reflect. Pioneering is always frustrating and fun. Pioneering means being willing to use a hammer and nail when and where necessary, to clean-up after a sick child, if necessary, having the strength to hold by his feet a child choking on who knows what, if necessary. Pioneering i.e. innovating means burning a lot of midnight oil, awakening often at 4:30 a.m. with the flash of an idea that might work. Pioneering means being somewhat of a Pied Piper because a pioneer cannot do it alone. Funny, the similarity in those words. . .

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Annual Convention of The Council for Exceptional Children

1979 - Dallas, Texas

Presentation: Tuesday, April 24, 1979 8:45-10:00a.m.

# PRESCHOOL SPEECH, LANGUAGE AND HEARING PROGRAM: THE ESTABLISHMENT, FUNCTION, IMPACT IN A MAJOR URBAN SETTING

## "The Instruction Program and Impact Upon PreSchool Communicatively Handicapped Children and Their Parents"

Helen Herrick, Communication Pathologist

The School District of Philadelphia, Division of Special Education

The common thread that runs through all of the city families who refer their children to The Preschool Speech, Language and Hearing Program is the concern that <u>their</u> child is different, that he has not learned to talk, that he does not talk like other children, or that he is not understood by family members or by others.

The instructional program for the child begins the moment the child is referred as does the parent involvement, for the specific information gathered then, in the case history, and in the intake process contributes to the child's individual program and to the recommendation made to the parents for speech and language management.

An appointment time is arranged with the parents for their child's initial diagnostic evaluation at which time the pre-therapy Test Battery is administered. The purpose of the testing is twofold:

1) to ascertain the child's strengths and weaknesses in the areas of speech: articulation, fluency; receptive and expressive language for the purpose of individual program development, and

2) to determine pre-therapy levels of function in speech and language areas to contrast with post-therapy measurements.

The formal Test Battery includes:

1)To measure articulation and overall intelligibility of speech - The Arizona Articulation Proficiency Scale (Revised);

2) To measure receptive vocabulary - The Peabody Picture Vocabulary Test;

3) To measure receptive language - The Test for Auditory Comprehension of Language by Carrow;

4) To evaluate expressive language - The Carrow Elicited Language Inventory.

For children who cannot perform on the program's standardized test battery, the Mecham Verbal Language Development Scale or the REEL (Receptive-Expressive Emergent Language) Scale are administered using the informant technique. These instruments are useful with children in whom there is a significant discrepancy between his chronological and developmental ages in order to obtain a gross measure of the child's language level at the pre-therapy stage.

Informal testing includes spontaneous speech and language samples. The speech therapist performs an oral peripheral examination to observe the adequacy of the speech mechanism and notes voice quality, rate and fluency of speech. Audiometric testing is done using pure tone audiometry; impedance measurements are obtained on program children so that middle ear function is monitered and failures on these tests are referred for further evaluation. Impedance measures are valuable in providing objective test results especially on difficult-to=test children.

There is wide variation in the response to testing despite the small age span covered by the program. Dealing with a population aged 3 years to 4 years 7 months, the Program sees a wide range of children whose intellectual endowment may range from severely retarded to gifted. These children may be developing non-verbally ( with no spoken language), despite normal hearing, to using only one-word utterances, to using paragraph-long jargon as expression. Receptive skills vary widely. Intelligibility of spoken language ranges from completely unintelligible all of the time to occasional sound errors in otherwise intelligible speech.

Among the types of cases served are:

speech deficit or delay or dysfluency and

language disorder or delay.

These may be secondary to mental retardation, cerebral palsy, cleft palate, brain damage, sensori-neural or conductive hearing loss, intermittent hearing loss because of chronic otitis media (childhood ear infections, allergy, repeated colds) or social/emotional problems. Perceptual and cognitive deficits may contribute to speech and language delays.

Children in the case load come from widely divergent social and economic levels. Children have received disparate amounts of environmental stimulation. They may be well nurtured or they may be abused regardless of their backgrounds.

Parents, many of whom are working parents, may arrange for a relative, an aunt or grandparent, to bring the child to therapy regularly. Some children are transported from nursery placement by a regularly participating parent surrogate.

Some few parents refuse service after testing or even refuse to complete the testing process despite the intervention of social workers aiding the program.

Cultural attitudes may shape the parents' attitudes and actions. Certain parents of children identified in preschool programs such as Head Start and others are not brought in for needed speech and language intervention because the parents believe their young preshhoolers are"only babies". Public awareness using the media attempts to counteract this attitude generally by providing brief announcemnts of the critical language learning period optimal during the pre-school years. Some parents are unwilling to let go of their children, viewing speech and language independence as inapprpriate in their setting. Other parents view the therapy program as a place to which to bring their children willingly but do not attempt to cooperate well in home follow-through so crucial for the success of their child's instructional program.

Parents' participation begins from the time they initiate the referral. Thier information is valuable, and their role in the therapy of their child is stressed from the first meeting for evaluation. After testing, the therapist discusses with the parents' the findings. The child's strengthes andweaknesses are presented within the context of develppmental norms for the youngster's age.

Parents are encouraged to ask questions and an atmosphere is encouraged in which no question may seem trivial or foolish. The program seeks to enlist the parent as an informed ally in the therapeutic process. This is deemed of paramount importance to the success of the intervention effort. It is vital that parents comprehend the concept that the preschool age is a critical and optimal one for ... language learning - receptive and expressive. When parents are unable to participate in the therapy process directly, they are helped with materials which can be transferred into the home. When using the term"parent", either the child's actual parent or a parent surrogate is meant. In some cases this may be a court appointed surrogate or a staff member of an agency involved regularly with the child.

Based upon the therapist and parent conference, an individualized instructional program is planned for the child with specific goals and objectives. Upon parental consent to the program, the therapy process begins.

Therapy for speech language and hearing cases consists of two 45 minute sessions per week providing the child with individual and/or small group instruction. Parent time is allotted within the therapy time to provide direct observation, techniques which the parent will carry over for home use, and sufficient time for continuing questions and answers regarding therapy and the child's progression.

Children with severely delayed or disordered language may be accommodated in a half-day language class 4 times a week.

Additional outside nursery class placement is encouraged. Assistance is available for arranging appropriate placement.

Children whose needs exceed the above framework are accommodated elsewhere, for example a profoundly deaf nonverbal child would attend specially designed classes provided within the Division of Special Education for the city.

The therapy class takes into account the very taxing demands of close attention needed for speech work or for specific language tasks. The therapy room is divided into activity areas where there are independent work areas. These include a kitchen area, a work area with a table and chairs, an equipment area for special tools such as the Phonic Mirror, tape recorders, Record players, GE Phonoviewer sight and sound programs and the like. A gross motor area is created even if table and chairs must be moved.

The instructional program includes specific activities in speech and language as well as general language stimulation with ample opportunity for receptive language input. Demands are made in accord with the child's tolerance for increased production and participation. Sensitivity to the child's social, emotional, and health state is included in the program for each child - this must be individualized. Role playing of household activities, outdoor activities, bustrips, playing, visiting, etc. are included in language sitmulation.

Parent observation of all the activities enables better understanding of the therapy process and the natural language growth process.

At regular intervals of twice per semester parent workshops are held. These are focused on the parent-child interaction and are held with the children staying either at home or in an adjacent room during the workshop. Such topics as the overall growth and development of the child with ~~speech and~~ language delays, the social and emotional factors impinging upon the therapy process, or home management with other family members or neighbors are topics of such workshops. Special holidays such as Halloween or Christmas are used as topics for encourageing a positive language experience at home. The selection and making of appropriate toys at Christmas time is another very important workshop area covered for it gives the therapists an idea of the success of the parents in understanding the role of toys in the child's ordering of his world and in the opportunities for expansion of language and imaginative play.

Opportunity for parent interaction among themselves is considered a vital part of the coffee hour at workshops. The role of one parent relating his or her methods of coping successfully with discipline, home management and the therapy demands should never be underestimated.

As part of the parent input process, parent newsletters made available through an extension service of the State University ~~are employed. The content is used from parent newsletters~~ from the home economics extension service. These communications are direct, well-worded and helpful in many respects.

As Barsh and others have pointed out, parents are never prepared to be the parent of a handicapped child. The Preschool SpeechLanguage and Hearing Program aims to help parents in reaching out to their children to help them through the maze of disordered communication into a more normal speech and language pattern. Workshops, the use of handouts, ancillary social service personnel are ways of helping parents realize their potential in the therapy process that focuses on/their child's dimunition of communication handicap. These reinforce the importance stressed in each therapy session and emphasize the parent of the valuable asset to the child that he/she is.

Among the strengths of the program are that the parent is an active member of the therapy process, that children of all backgrounds are served in their own geographical area, that parent surrogates are permitted to serve for children who otherwise would not be able to have parent help, and that preschool agencies cooperate actively with the program.

Among the weaknesses of the program are transportation problems especially when parents have other children in the home who need attention in addition to the child in the program, parents who work and have noone to bring their child, cultural barriers where the child is viewed as "too young" for intervention, poor follow through at home, and poor attendance when parents refuse to face the needs of their children.

The impact of the program has been documented in the research phase of the program. Post-testing has been used in comparison with the entry level skills of the children according to age break-downs. The results show that growth parallel to the growth of normal children has occurred in articulation and intelligibility of speech, and in receptive and expressive language. Control groups for the research have been impossible, for identified children in need cannot be denied service and matched for controls. Data has been considered against the normative data of each measuring instrument.

One other aspect of the program not considered primary in this paper is the hearing screening program. A screening team of audiologists has gone into numerous agencies throughout the city to test by conventional ahd impedance audiometry and failures have been referred for treatment, further evaluation and therapy as indicated. Many otherwise overlooked children have been found in this manner. The impact of middle ear disease in language development pointed out by Downs, Ling and others is echoed in the findings of this program. The higher incidence of hearing problems in inner-city children discussed by Bradford and Newman is also found in this population. The high-risk factor for the population served by the program is respected by continuing follow-up testing at periodic intervals and following any high fevers or major illnesses in individual children.

In summary, these are some of the primary considerations which shape program planning for the preschool speech and language handicapped child and his parents:

1) that this child often experiences frustration in communication attempts,
2) that his parents may experience frustration, anger and dismay at their child's different development,
3) that the preschool age years are a critical and optimal time for language learning,
4) that the child's receptive skills should far exceed his expressive skills to order his world,
5) that a child's play is indeed the serious work of cognitive growth, perceptual awareness,
6) that language is the tool the child uses to order his world,
7) that fine and gross motor skills and socialization skills along with communication skills are all needed for pre-academic readiness,
8) that this age child's expressive language centers on himself (egocentric) in the need to express the egocentric wants, needs and interests of his own world as it unfolds around him,
9) that parents are unprepared to be the parent of a child who is "different".

All of these considerations along with the individual differences of children and parents reinforce the need for individualized programs for each family within our culturally variant urban population.

Sessions # T-50

# Management, Accountability and Feedback Systems Developed to Monitor a Preschool Speech, Language, and Hearing Program

by

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## Introduction - The PEACH Project

The Prescriptive Educational Approach to Children with Handicaps (PEACH) Project funded under E.S.E.A. Title VI-B provides diagnostic, referral, and prescriptive educational services for preschool children (between 3 and 4.7 years). Priority was given to those children most severely handicapped and closest to school age.

Located handicapped children were evaluated by a multidisciplinary evaluation team (MDT) composed of a social worker, a psychologist, a speech and hearing therapist, an educational diagnostician and where needed, medical specialists, and a physical/occupational therapist. An Individual Education Program (IEP) was then written and appropriate placement into a program was undertaken. If a preschool agency-sponsored program was not available, the child might be served by one of the following PEACH services: (1) a Family Service Program, (2) the Preschool Speech and Hearing Program, (3) instruction in the home.

The Preschool Speech and Hearing Diagnostic therapists provide such services as diagnostic testing, parent consultation, remedial-therapy instruction, referral services and parent instruction in speech stimulation techniques. One to one instructional services, two times a week, are implemented to reduce the developmental lag using instructional strategies based on individual and family needs.

## Purpose of Management and Accountability System

In submitting a proposal for funding for the 1976-1977 school year the state requires a commitment by applicants to meet the following goal:

> "To gather, summarize and report information about EHA-B programs and services for management, accountability, and ongoing planning purposes."

As part of this goal, the Special Education Department of the School District of Philadelphia wrote the following objectives:

1. To develop and operationalize a program implementation monitoring system to:
   a. keep account of all necessary program activities
   b. determine the accomplishment of each
   c. identify problem areas which will require additional demonstrative effort
   d. facilitate the coordination of the various program components

2. To develop a system of accountability to assure maximum efficiency in the utilization of all personnel.

A management and accountability system was developed during the 1976-1977 school year and revised and updated during the 1977-1978 school year to meet the above objectives.

The system was devised to provide such information as would enable decision makers (i.e. administrators) to monitor project progress, and to make such adjustments as they might find necessary to implement the project successfully. The summative data would also enable project personnel to respond to requests for information made by local, state and federal agencies.

Furthermore, the following planning purposes were served through implementation of the management and acountability system.

1. Needs

   a. Determined need for budget revision/allocation of funds

   b. Determined need for new/increased project staff positions as well as reallocation of personnel resources

   c. Determined need for revisions in program content (ex. role definitions, time allocations for providing therapy, curricular resources)

   d. Determined need for either additional or cutting back of consultative services

II. Evaluation

   e. Determined the degree to which various component's objectives are being met

   f. Determined effectiveness of tracking system

   g. Determined performance of each role group related to elements of respective job descriptions ("specs")

   h. Determined average time elapsed from initial contact to evaluation to final placement

   i. Determined relative performance of various units of project

   j. Determined which information dissemination strategies, as part of the public awareness campaign, were most productive.

Description of the Management, Accountability and Feedback System

To implement this system, the following vehicles were developed:

- Weekly Summary of Activities (Form 18-440)
- Individual Child Monthly Summary
- Monthly Summary of Basic Statistical Information for the Peach Project

A brief description of each of these vehicles and examples of their use follows:

(a) Weekly Summary of Activities Form (18-440)

This form is a scannable form that was maintained by every staff member and was collected on a weekly basis. Respondents recorded the number of hours and minutes spent on up to 14 major activities that encompassed their role and function. In addition, other vital information might be recorded thereon, such as the number of impedance screening tests administered, the number of children evaluated, the number of reports written, the number of IEP's written, the number of parent placement conferences, the number of MDT meetings, and the number of due process hearings attended each day of the particular week. A copy of this form and the instructions for filling out the form are found in Appendix A.

The criteria for each of the 14 major activities are arrived at by the evaluator, the program manager and staff determining the actual job activities. A special computer program, written by the Office of Research and Evaluation, provided such basic statistical data for each of the 14 activities as the mean, variance, standard deviation, a frequency distribution, the median and interquartile range. A further analysis yielded an analysis of variance to enable the administrator to determine whether individuals (or small groups) were operating significantly different from the group as a whole. Another analysis yielded percentages of the average day spent on each activity. One space was set aside for the employee to report the amount of time spent on activities outside of the basic job description. Data were analyzed and reviewed by the evaluator with the program managers and with staff members on a periodic basis. A sample copy of the printout is found in Appendix B.

This form was filled out by the following groups of professionals:

- Psychologists
- Social Service Program Specialists (Social Workers)
- Teachers of Speech, Hearing and Correction (therapists)
- Educational Diagnosticians
- Program Manager for PEACH Full Service Component
- Program Manager for Speech, Language and Hearing Unit
- Family Service Teachers
- Family Service Classroom Aides
- Information Specialist
- Educational Specialist
- Coordinator of the Parent Partnership Center
- Physical/Occupational Therapists
- Budget Analyst

For each position, a statistical summary plus highlights and discussion of the statistical results are provided to the project administrator. For the yearly evaluation of the PEACH project for 1977-1978, the latter years results were compared to the way the professionals operated during the 1976-1977 school year.[1] An example of this

is seen in Table 1. Based on summary data provided, the program manager formulated plans to increase the amount of time that therapists will actually spend providing therapy to children.

Table 2 summarizes the time staff reported (in 1976-1977) performing non-job description activities, as directed. The proportion of time spent on these activities varied from 0-42%. Various changes were made as a result of the revelation by such statistics.

The Weekly Summary of Activities form was originally developed by the author in 1973-1974 school year as part of his task to evaluate the hundreds of paraprofessionals and classroom aides that were funded under Title I ESEA. With use of this scannable form, the following objective was developed for the Classroom Aide Project:[2]

> Objective: To enable teachers to better implement an individualized and small-group instructional program, by providing classroom aides (a) serving only Grades 1-3, (b) serving not more than three classes each, and (c) devoting at least 65% of their daily time primarily to supervising and/or tutoring individuals or small groups of children, not more than 15% of their time to clinical tasks (e.g. grading, record keeping) for the teacher, and not more than 20% of their time to such activities as class trips, operation of audiovisual equipment, and housekeeping tasks.

The Weekly Summary of Activities form thus lends itself to implement a "discrepancy evaluation model". Thus, decision makers with project staff establish a reasonable or realistic amount of time that should be spent in each major area. On a periodic basis, as either monthly or every two or three months, feedback is provided to the staff indicating the degree of "discrepancy" or to what extent the staff have met established standards and objectives.

One distinct advantage is the form's flexibility. Not more than 1-2 days are required to have a new form typed and run off. Thus, as the job requirements change, the form can easily be adjusted to reflect such change.

In arranging the sheets for coding and processing, a "header" sheet is placed on the forms before it is run through the NCS scanner. (Appendix C). On the "header" sheet, one can fill in the name of an individual, school, month, year or any other identifying label. From the day that the sheets are submitted to the evaluator to providing the actual output, an average of 2-4 days have elapsed, depending on the district's needs for use of the computer.

With such relatively fast feedback, it has been possible to provide project administrators with such information that they are able to monitor the actual performances of the staff on a daily basis.

Table 1

A Two Year Comparison of Weekly Summary of Activities for 13 Teachers of Preschool Speech Correction/Hearing Impaired

| Total Number of Reports | Sept. 1977-June 1978 372 | | Feb. 1977-June 1977 191 | |
|---|---|---|---|---|
| Activities | Mean No. of Minutes Per Day | % of Total Activities | Mean No. of Minutes Per Day | % of Total Activities |
| Diagnostic Therapy (incl. preparation) | 120.0 | 33.0 | 120 | 34.0 |
| Writing Reports (initial, IEPs, midyear, final summaries, documentations) | 64.3 | 17.9 | 67 | 18.0 |
| Parent Counseling (incl. Phone contacts/parent workshops) | 43.8 | 11.9 | 31 | 9.0 |
| Staff Development (meetings, professional interaction in clinic | 28.8 | 7.9 | 40 | 11.0 |
| Diagnostic evaluations (i.e., testing) | 28.4 | 7.8 | 18 | 5.0 |
| Clinic maintenance (inventorizing, straightening up requisitions) | 16.6 | 4.7 | 20 | 5.6 |
| Consulting with other professionals re: children (phone/personal) | 11.7 | 3.2 | 12 | 3.5 |
| Conferences with Program Manager/ Supervisor | 10.8 | 3 | 4 | 1.0 |
| Performing non-teaching therapy activities as directed | 8.9 | 2.6 | 10 | 3.0 |
| Miscellaneous | 8.6 | 2.4 | -- | -- |
| Researching, reviewing materials, tests, therapeutic techniques | 7.9 | 2.2 | 9 | 2.5 |
| Travel | 7.9 | 2.2 | 9 | 2.5 |
| Scheduling | 6.6 | 1.8 | 9 | 2.5 |
| Visitation-Observation re: Children in school setting | 1.5 | 0.4 | 3 | 0.8 |
| TOTAL | 365.8 | 100 | 356 | 99.3 |

TABLE 2

Time Staff Reported Performing Activities Not Related to Their Job Decription (as Directed by Project Administrators)

| Staff | Number of Staff Reporting | Percent of Time Per Day | Number of Minutes Per Day |
|---|---|---|---|
| Psychologist | 5 | 3% | 9 |
| Social Service Program Specialist | 5 | 10% | 35 |
| Educational Diagnostician | 5 | 18% | 59 |
| Family Service Teacher | 4 | 9% | 41 |
| Family Service Aide | 3 | 29% | 114 |
| Educational Specialist (Acting) | 1 | 15% | 55 |
| Coordinator Parent Partnership Center | 1 | 42% | 172 |
| Financial Management Trainee | 1 | 1% | 3 |
| Physical Therapist | 1 | 0.6% | 2 |
| Teather of Speech Hearing and Correction | 13 | 3% | 10 |
| Teacher of Hearing Impaired | 1 | 0 | 0 |
| Information Specialist | 1 | 9% | 33 |
| Program Manager for PEACH | 1 | 3% | 15 |
| Program Manager for Speech, Hearing Unit | 1 | 0 | 0 |

(b) Individual Child Montly Summary Forms

The above form was developed so that each professional group maintains quantifiable and statistical figures on the number of cases processed and the type of service being provided to each child. Four forms, which are accompanied with a set of directions and coding instructions, were prepared for the following professionals:

- Psychologists, Educational Evaluators, Physical Therapists, Occupational Therapists
- Diagnostic Classroom Teacher
- Social Service Program Specialist (Social Worker)
- Speech, Hearing and Language Therapist

A copy of these forms are found in Appendix D.

On the speech form, the therapist reported such child-tracking information as the name of the child, basic data as race, sex, age, dates of evaluation, date IEP written, MDT and PPC meeting dates, contacts with parents, handicapping condition and level of severity, number of sessions therapy instruction provided, date when therapy was terminated and cause for such termination, areas that therapy are being provided and services provided to child already in an agency.

The recorded data are keypunched and analyzed via a soft-ware program. Table 3 is a summary of the type of information that is provided on a monthly basis based on the Individual Child Monthly Summary form for the Speech and Language therapist. One important feature of this form is the student identification number that is assigned to each student. In essence, the basis for a child-tracking system was established with every professional recording the student ID on the respective forms. A special computer program, upon sorting by the student's ID and by the professional's ID, enables the evaluator to present a summary report to project administrators that depicts the level of services provided to each child.

Other key information that can be derived from the data recorded on the tape/IBM cards include the following:

- The average amount of time that elapses from the initial call to actually receiving service by a staff member (in terms of working days) to final placement.

- The average amount of time that the MDT process took (in terms of working days).

- The degree that parents are involved in the program in workshops and in training sessions.

- The results of placement efforts.

- Agencies most frequently used for placement purposes.

## Table 3

**Data Summarized from Individualized Child Monthly Summary Forms: Speech, Languange & Hearing Form**

A. Screening

1. Number of New Cases Evaluated
   a. Found needing therapy
   b. Found not needing therapy
   Total New Cases
2. Number of Reevaluations
   Total evaluations (1&2)
3. Number of Reevaluations to be Completed Within a Year
4. Number of Impedance Screenings
   a. Recommended to Audiologist
   b. Suspected Middle Ear Dysfunction
5. Number of scheduled cases referred for screening/evaluation
   a. Via direct referral that failed to show/cancelled appointment
   b. Via MDT process that failed to show/cancelled appointment
   Total Number of Lost Scheduled Sessions

B. IEP

1. Number Initial IEP's written
2. Number IEP Updates written
   Total IEP's
3. Number waiting to be written

C. MDT and PDC

1. Number MDT cases participated
2. Number PDC cases participated

D. Treatment

1. Refferals
   a. Number of school-age children referred for district's speech therapy
   b. Number of school-age children referred for district's hearing therapy
   c. Number of children referred for special education school-age placement
   Total Number of Referrals
2. Placements
   a. Number of Pre-school children placed in regular pre-school program
   b. Number of Pre-school children placed in Special Education Pre-school program
   Total Number of Placements
3. Therapy
   a. Maximum number of children receiving therapy in
      - Language
      - Speech
      - Speech and Language
      Total Receiving Therapy
   b. Number receiving therapy with
      - sensori-neural loss
      - conductive losses
      Total With Hearing Problems
   c. Number receiving therapy with normal hearing
   d. Number of pre-school children withdrawn from therapy
   e. Average number of pre-school children receiving therapy per therapist, on an ongoing basis
   f. Number of teachers who provided no therapy to any children
   g. Number of pre-school children receiving therapy who are also attending a pre-school program at:
      - Get Set
      - Head Start
      - PEACH Diagnostic Classroom
      - Private Nurseries
      - Agencies
      - Other
      Total
   h. Number of scheduled cases referred for therapy that
      a. failed to show
      b. cancelled sessions
      Total Number of Lost Scheduled Sessions/Hours

E. Community Education and Staff Development Activities

1. Workshop
   a. Number of workshops conducted for parents (of children in program)
   b. Number of public awareness workshops conducted
   Total Number of Workshops
2. Distribution of Materials
   a. Number of public relations materials/pamphlets distributed (at the 5 clinics)
   b. Number of educational pamphlets distributed (at the 5 clinics)
   Total Number of Materials Distributed
3. Staff Development Conferences
   a. Number of therapist who attended one professional conference
   b. Number of in-service sessions held
   c. Average number of in-service sessions attended per professional per month

- Type of services provided to outside agencies by Project PEACH.

- A breakout of the number of children with each classification and type of handicap by sex, race and age.

- The number of "no-show" or failure to show incidents for scheduled evaluations/therapeutic sessions per professional.

The form also enables the evaluator to respond to such key questions as:

- How many cases did the psychologists, educational diagnosticians, social workers, physical and occupational therapists process/evaluate on a per week and per year basis? How do these figures compare to the projected figures for the year and to the previous years output?

The evaluator used this data to complete a cost analysis study, based on budgetary information supplied by the payroll division of the district. By dividing the actual salary and benefits of each professional into the number of cases processed, it was possible to determine a basic cost figure per case per professional. It should be noted that these figures do not include such fixed costs as overhead, operating costs (i.e. supplies and equipment), consulting, and administrative costs. The data revealed such a wide spread in the number of cases handled by each professional that there was significant variation in per case costs within each professional category. For example, while the average cost in 1976-1977 per case for 5 social workers was $156.00, the range was between $100.00 and $254.00 per case.

With such feedback, recommendations were made to project administrators to investigate the causes for such wide cost ranges, with the aim of increasing overall efficiency. The importance of such an effort is apparent when it is realized that the costs are additive, i.e. each child usually is evaluated/processed by a social worker, psychologist, educational diagnostician, and/or speech therapist, occupational therapist and a physician.

(c) "Monthly Summary of Basic Statistical Information for the PLACH Project 1978-1979"

This form contains a maximum of 15 questions that is appended to the Individual Child Monthly Summary form. The purpose of this form is to enable the professional to report the activities that the latter was involved in. For example, the number of days worked, the number of days attended staff development sessions/professional conferences, and the number of days/sessions no children were evaluated/processeed because no children had been assigned. A copy of this form is found in Appendix E.

Five questons were designed to ascertain the degree that parents and the community were involved in workshops conducted by the staff. Three questions were to be answered only by teachers.

The data on this form is also keypunched so that it is possible to

reproduce a monthly and yearly summary profile of activities/output for each professional in the project. Correlation studies also become feasible that would answer such questions as:

- What relationship exists between the total number of cases processed/evaluated per professional and the number of days/sessions no children were evaluated/processed because no children had been assigned.

All forms are usually reviewed by the Program Manager and Project Director before it is transmitted to the evaluator. The responses should provide an immediate warning to administrators if an individual or groups of professionals are not performing according to established criteria/expectations.

(d) Project PEACH Daily Management Log

This form is posted at every center. Professionals record for each child the date they completed an evaluation, wrote report and participated in MDT and PPC. The social worker also records the handicapping condition, degree of severity and name of the institution that the child was placed. A copy of this form is found in Appendex F.

The purpose of this form is to enable the program manager to check which children had not yet received full services and assign staff to such children. Though all this information is recorded on the individual child's form by each professional, this form enables the Information Manager to update the manual child-tracking system that is presently employed. Eventually, this form will be supplanted as the planned computerized system is implemented.

## Bibliography

1. Scheiner, Louis. Project PEACH: A Prescriptive Educational Approach for Children with Handicaps. E.S.E.A. -Title VI-B. 1976-1977 and Appendix. Philadelphia: School District of Philadelphia, February 1978, Report #77154, 2 volumes, 403 p. ERIC Report #ED 159 208

2. Scheiner, Louis. Classroom Aides. in Evaluation of Title I E.S.E.A. Projects 1974-1975: Technical Reports. School District of Philadelphia, November 1975, Report #7506, pp. 63-72.

## Appendix A

Weekly Summmary of Activity Forms-18-440-

- Teacher of Preschool Speech Correction Hearing Impaired
- Family Service Classroom Aides
- Family Service Classroom Teachers
- Directions for Filing Form 18-440.

DIRECTIONS FOR FILLING IN THIS FORM -

## WEEKLY SUMMARY OF ACTIVITIES – FORM 18-440

NAME _____ SCHOOL _____ PROJECT P.E.A.C.H.

DIRECTIONS: Record the total amount of TIME in terms of Hours (H) and Minutes (M)

Social Worker: Total time per day - 6 3/4 hours/405 minutes

FIRST: Select the form with your job title
SECOND: Print your name on top of the sheet
THIRD: Fill in each of the activity blocks indicating the hours (H) and minutes (M) you provided for each of these activities during each day of the week.

OFFICE OF RESEARCH & EVALUATION
TITLE ONE EVALUATION SERVICES

MARKING INSTRUCTIONS
- Use Black lead pencil only.
- Make heavy black marks that fill circles completely.
- Make no stray marks on either side of this sheet.
- Proper Marks
- Erase completely any answer you wish to change.

EXAMPLE FOR SAMPLE ACTIVITY

| | MON | TUE | WED | THU | FRI |
|---|---|---|---|---|---|
| Conferences with Program Manager | 1 20 | 0 30 | 1 | 1 30 | |
| | H M | H M | H M | H M | H M |

Suppose on Monday you spent 50 minutes in the morning and 30 minutes in the afternoon conferring with the Program Manager. Therefore, 50 + 30 = 80 min. or 1 hr. 20 min. on Monday is filled in: On Tuesday, you spent 30 minutes; on Wednesday, 55 minutes (equals 1 hour) and on Thursday 90 minutes or 1 hr. and 30 minutes. Study how it is filled in.

Number Homes Visited | Number Reports Completed

NO. TEACHERS

| M | T | W | T | F |
|---|---|---|---|---|
| | | | | |

Note 1: If your time does not come out evenly, then use the closest amount. Thus 23 minutes would be a 20 and 47 minutes would be a 50. If you do not spend any time on a listed activity, leave it blank.

Note 2: Total amount of minutes per day should not exceed nor be less than the total number of minutes that is printed next to your job title on top of the page. Thus, the Social Worker is supposed to work 405 minutes per day (excluding lunch hour).

Note 3: If you are assigned activities that are not directly or not even peripherally related to your position, you would fill in the amount of time spent under the activity labelled, "Performing non-Social Worker Activities as directed."

FOURTH: Section A. Social Workers are to fill in the number of homes visited each day of the week. The Psychologist and the Educational Diagnostician fill in the number of children tested each day. Teachers in the Preschool Speech and Hearing Clinics are to record the number of children evaluated each day.
Section B. Social Workers, Psychologists, Educational diagnosticians are to fill in the number of reports completed for each day of the week. Teachers in the Preschool Speech and Hearing Clinics are to fill in the number of children receiving therapy each day.

FIFTH: Section G. "Period beginning." Fill in the boxes and the bubbles for the month and day for which you are filling in this form. Example: Suppose you are filling in this form for the week of February 7-11. If the date is Feb 7 you would fill in the bubble for Feb and "07" for the "7".

SIXTH: Section H. "Absent" - If you did not work 5 full days, record the number of days you did not work. Thus, if one day of the week you were sick, or it was a snow day, or a holiday, you would fill in "01" as in the accompanying example.

Absent

NCS Trans-Optic F2482

# WEEKLY SUMMARY OF ACTIVITIES – FORM 18-440

NAME _____ SCHOOL _____ PROJECT _____

DIRECTIONS: Record the total amount of TIME in terms of Hours (H) and Minutes (M).

**Teacher of Preschool Speech Correction/Hearing Impaired**
**Total Time per day - 5-1/2 hrs./330 minutes**

OFFICE OF RESEARCH & EVALUATION
TITLE ONE EVALUATION SERVICES

MARKING INSTRUCTIONS

- Use Black lead pencil only.
- Make heavy black marks that fill circles completely.
- Make NO stray marks on either side of this sheet.

●● Proper Marks

- Erase completely any answer you wish to change.

No. Evaluated

No. Children Receiving Therapy

NO. CLASSES M T W T F | NO. TEACHERS M T W T F

School | Sp. No. | Grade | Yrs.

Period Beg. | Absent | Prog. | COP Prog.

Sep Oct Nov Dec Jan Feb Mar Apr May Jun

Yes No

Sex F M

WORK SCHEDULE ALL DAY

| ACTIVITY | MON | TUE | WED | THU | FRI |
|---|---|---|---|---|---|
| | | | | | |
| Writing Reports (initial, IEPs, midyear, final summaries, documentation) | | TUE | | THU | |
| Conferences with Program Manager/Supervisor | MON | TUE | WED | THU | FRI |
| Diagnostic evaluations (i.e., testing) | | TUE | | THU | |
| Traval | MON | TUE | WED | THU | FRI |
| Visitation - Observation re: children in school/ home setting | | TUE | | THU | |
| Performing non-teacher therapy activities as directed | MON | TUE | WED | THU | FRI |

| ACTIVITY | MON | TUE | WED | THU | FRI |
|---|---|---|---|---|---|
| Parent counseling (inc. phone contacts/ parent workshops | | | | | |
| Consulting with other professionals re: children (phone/ personal | MON | TUE | WED | THU | FRI |
| Clinic maintenance (inventorizing, straightening-up, requisitions) | | TUE | | THU | |
| Researching, reviewing materials, tests, therapeutic techniques) | MON | TUE | WED | THU | FRI |
| Staff Development (meetings, professional interaction in clinic) | | TUE | | THU | |
| Diagnostic therapy incl. preparation) | MON | TUE | WED | THU | FRI |
| Scheduling | MON | TUE | WED | THU | FRI |

NCS Trans-Optic F2482-54321

# WEEKLY SUMMARY OF ACTIVITIES – FORM 18-440

NAME _____ SCHOOL _____ PROJECT _____

DIRECTIONS: Record the total amount of TIME in terms of Hours (H) and Minutes (M).

**Family Service Classroom Aide:**
**Total Time per day - 5-1/2 hrs./330 minutes**

OFFICE OF RESEARCH & EVALUATION
TITLE ONE
EVALUATION SERVICES

MARKING INSTRUCTIONS

- Use Black lead pencil only.
- Make heavy black marks that fill circles completely.
- Make NO stray marks on either side of this sheet.

Proper Marks

- Erase completely any answer you wish to change.

| ACTIVITY | MON | TUE | WED | THU | FRI |
|---|---|---|---|---|---|
| Attend Multi-disciplinary Team Sessions | | | | | |
| Helping children with dressing (i.e. galoshes, coats, etc.)/ personal hygiene | | | | | |
| Conferences with Teacher/ Supervisor | | | | | |
| Supervising non-enrolled siblings of children in program | | | | | |
| Preparing instructional materials | | | | | |
| Supervising children in Play Period- indoors or outdoors | | | | | |
| Performing non-class room Aide Activities as directed | | | | | |

| ACTIVITY | MON | TUE | WED | THU | FRI |
|---|---|---|---|---|---|
| Working with Parents | | | | | |
| Record Keeping | | | | | |
| Maintaining Classroom (e.g., straightening up) | | | | | |
| Snack and lunch periods (incl. preparation and actual periods, clean up) | | | | | |
| Attend staff development sessions | | | | | |
| Working with children | | | | | |

NO. CLASSES M T W T F | NO. TEACHERS M T W T F

School | I.D. No. | Grade | Yrs | Pg.

Period Beg. | Absent | Prog. | COP Prog. | Yes No | Sex (F M) | WORK SCHEDULE (AM, NOON, PM, ALL DAY)

NCS Trans-Optic F2482-54321

# WEEKLY SUMMARY OF ACTIVITIES – FORM 18-440

NAME _____ SCHOOL _____ PROJECT _____

DIRECTIONS: Record the total amount of TIME in terms of Hours (H) and Minutes (M).

**Psychologist: Total time per day - 6 3/4 hours/405 minutes**

**OFFICE OF RESEARCH & EVALUATION**
TITLE ONE
EVALUATION SERVICES

MARKING INSTRUCTIONS

- Use Black lead pencil only.
- Make heavy black marks that fill circles completely.
- Make NO stray marks on either side of this sheet.

●● Proper Marks

- Erase completely any answer you wish to change.

No. Tested

Number Reports Completed

NO. CLASSES M T W T F | NO. TEACHERS M T W T F

Period Beg. | Absent | Prog. | COP Prog. | Yes No | Sex (F) (M) | WORK SCHEDULE AM PM ALL DAY

NCS Trans-Optic F2482-54321

| ACTIVITY | MON H M | TUE H M | WED H M | THU H M | FRI H M | ACTIVITY | MON H M | TUE H M | WED H M | THU H M | FRI H M |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Staffing with Multidisciplinary Team | | | | | | Counseling parents, teachers | | | | | |
| Writing Summary Reports | | | | | | Consulting with other Professionals/ Agencies | | | | | |
| Conferences with Program Manager | | | | | | Writing Psychological Reports | | | | | |
| Evaluating Children (Testing, etc.) | | | | | | Staff Development | | | | | |
| Travel | | | | | | Parent Placement Conference | | | | | |
| Home Visits | | | | | | Servicing Family Services Unit | | | | | |
| Performing non-Psychologist activities as directed | | | | | | Talks to parents/groups (P.R.) | | | | | |

## Appendix B

SAMPLE COMPUTER PRINTOUT

for the

Weekly Summary of Activity Forms 18-440

PLACH PROJECT--INTERIM REPORT FOR 9/76 TO 2/77--ANALYSIS 00.53.49 07/02/77

GROUP CODES-- 1=DIAGNOSTICIAN, 2=SOCIAL WORKER, 3=INFORMATION SPECIALIST, 4=PSYCHOLOGIST

ITEM12

| SCORE INTERVALS | TOTAL F | TOTAL PCT | TOTAL CF | TOTAL MID-P | GROUP 1 F | GROUP 1 PCT | GROUP 1 CF | GROUP 1 MID-P | GROUP 2 F | GROUP 2 PCT | GROUP 2 CF | GROUP 2 MID-P | GROUP 3 F | GROUP 3 PCT | GROUP 3 CF | GROUP 3 MID-P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 325.001 - 350.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 295.001 - 325.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 265.001 - 295.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 235.001 - 265.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 205.001 - 235.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 175.001 - 205.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 145.001 - 175.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 115.001 - 145.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 85.001 - 115.000 | 1 | 1.3 | 78 | 99.4 | 1 | 2.7 | 37 | 98.6 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 55.001 - 85.000 | 1 | 1.3 | 77 | 98.1 | 0 | 0.0 | 36 | 97.3 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100. |
| 25.001 - 55.000 | 6 | 7.7 | 76 | 93.6 | 3 | 8.1 | 36 | 93.2 | 2 | 8.7 | 23 | 95.7 | 0 | 0.0 | 11 | 100. |
| 0.0 - 25.000 | 70 | 89.7 | 70 | 44.9 | 33 | 89.2 | 33 | 44.6 | 21 | 91.3 | 21 | 45.7 | 11 | 100.0 | 11 | 50. |

| | TOTAL | GROUP 1 | GROUP 2 | GROUP 3 |
|---|---|---|---|---|
| CASES PROCESSED = | 78 | 37 | 23 | 11 |
| MINIMUM VALUE = | 0.0 | 0.0 | 0.0 | 0.0 |
| MAXIMUM VALUE = | 90.0000 | 90.0000 | 36.0000 | 10.0000 |
| SUM OF SCORES = | 633.5000 | 304.0000 | 114.0000 | 42.0000 |
| SUM SQD. SCORES = | 26523.2500 | 14600.0000 | 3492.0000 | 268.0000 |
| MEAN = | 8.1218 | 8.2162 | 4.9565 | 3.8182 |
| STND. DEV. (N) = | 16.5553 | 18.0856 | 11.2809 | 3.1281 |
| STND. DEV. (N-1) = | 16.6624 | 18.3351 | 11.5344 | 3.2808 |

18

PEACH PROJECT—INTERIM REPORT FOR 9/76 TO 2/77--ANALYSIS 00.53.49 07/02/77
GROUP CODES-- 1=DIAGNOSTICIAN, 2=SOCIAL WORKER, 3=INFORMATION SPECIALIST, 4=PSYCHOLOGIST

ITEM12

| PERCENTILE | | TOTAL | GROUP 1 | GROUP 2 | GROUP 3 | GROUP 4 |
|---|---|---|---|---|---|---|
| 25 | | 3.3571 | 3.4091 | 3.2142 | 2.5000 | 5.5000 |
| 50 | | 11.7143 | 11.8181 | 11.4286 | 10.0000 | 16.0000 |
| 75 | | 20.0714 | 20.2272 | 19.6428 | 17.5000 | 32.4999 |
| CASES PROCESSED | = | 78 | 37 | 23 | 11 | 7 |
| MINIMUM VALUE | = | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| MAXIMUM VALUE | = | 90.0000 | 90.0000 | 36.0000 | 10.0000 | 72.0000 |
| SUM OF SCORES | = | 633.5000 | 304.0000 | 114.0000 | 42.0000 | 173.5000 |
| SUM SQD. SCORES | = | 26523.2500 | 14600.0000 | 3492.0000 | 268.0000 | 8163.2500 |
| MEAN | = | 8.1218 | 8.2162 | 4.9565 | 3.8182 | 24.7857 |
| STND. DEV. (N) | = | 16.5553 | 18.0856 | 11.2809 | 3.1281 | 23.4914 |
| STND. DEV. (N-1) | = | 16.6624 | 18.2351 | 11.5344 | 3.2808 | 25.3736 |

PEACH PROJECT--INTERIM REPORT FOR 9/76 TO 2/77--ANALYSIS 00.53.49 07/02/77
GROUP CODES— 1=DIAGNOSTICIAN, 2=SOCIAL WORKER, 3=INFORMATION SPECIALIST, 4=PSYCHOLOGIST

ACTIIPC

| SOURCE | SUM OF SQUARES | N.D.F. | MEAN SQUARE | F | P |
|---|---|---|---|---|---|
| TOTAL | 2698.602 | 77 | | | |
| AMONG | 373.805 | 3 | 124.602 | 3.966 | 0.011 |
| WITHIN | 2324.796 | 74 | 31.416 | | |



19/a

CT&EPC

APPENDIX P

| SCORE INTERVALS | TOTAL F | PCT | CF | MID-P | GROUP 1 F | PCT | CF | MID-P | GROUP 2 F | PCT | CF | MID-P | GROUP 3 F | PCT | CF | MID-P |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 95.001 - 100.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 85.001 - 95.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 75.001 - 85.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 65.001 - 75.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 55.001 - 65.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 45.001 - 55.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 35.001 - 45.000 | 1 | 1.3 | 78 | 99.4 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 25.001 - 35.000 | 0 | 0.0 | 77 | 98.7 | 0 | 0.0 | 37 | 100.0 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 15.001 - 25.000 | 2 | 2.6 | 77 | 97.4 | 2 | 5.4 | 37 | 97.3 | 0 | 0.0 | 23 | 100.0 | 0 | 0.0 | 11 | 100.0 |
| 5.001 - 15.000 | 26 | 33.3 | 75 | 79.5 | 15 | 40.5 | 35 | 74.3 | 3 | 13.0 | 23 | 93.5 | 7 | 63.6 | 11 | 68.2 |
| 0.0 - 5.000 | 49 | 62.8 | 49 | 31.4 | 20 | 54.1 | 20 | 27.0 | 20 | 87.0 | 20 | 43.5 | 4 | 36.4 | 4 | 18.2 |

| | | | | |
|---|---|---|---|---|
| CASES PROCESSED = | 78 | 37 | 23 | 11 |
| MINIMUM VALUE = | 0.0 | 0.0 | 0.0 | 1.3333 |
| MAXIMUM VALUE = | 36.6492 | 18.3333 | 9.2308 | 9.5238 |
| SUM OF SCORES = | 334.9456 | 182.1210 | 28.4828 | 66.4019 |
| SUM SQD. SCORES = | 4136.9141 | 1866.9429 | 231.3687 | 464.8147 |
| MEAN = | 4.2942 | 4.9222 | 1.2384 | 6.0365 |
| STAD. DEV. (N) = | 5.8820 | 5.1215 | 2.9199 | 2.4117 |
| STAD. DEV. (N-1) = | 5.9200 | 5.1922 | 2.9855 | 2.5264 |

| SCORE INTERVALS | TOTAL F | PCT | CF | MID-P | GROUP 4 F | PCT | CF | MID-P |
|---|---|---|---|---|---|---|---|---|
| 95.001 - 100.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 7 | 100.0 |
| 85.001 - 95.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 7 | 100.0 |
| 75.001 - 85.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 7 | 100.0 |
| 65.001 - 75.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 7 | 100.0 |
| 55.001 - 65.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 7 | 100.0 |
| 45.001 - 55.000 | 0 | 0.0 | 78 | 100.0 | 0 | 0.0 | 7 | 100.0 |
| 35.001 - 45.000 | 1 | 1.3 | 78 | 99.4 | 1 | 14.3 | 7 | 92.9 |
| 25.001 - 35.000 | 0 | 0.0 | 77 | 98.7 | 0 | 0.0 | 6 | 85.7 |
| 15.001 - 25.000 | 2 | 2.6 | 77 | 97.4 | 0 | 0.0 | 6 | 85.7 |
| 5.001 - 15.000 | 26 | 33.3 | 75 | 79.5 | 1 | 14.3 | 6 | 78.6 |
| 0.0 - 5.000 | 49 | 62.8 | 49 | 31.4 | 5 | 71.4 | 5 | 35.7 |

| | | |
|---|---|---|
| CASES PROCESSED = | 78 | 7 |
| MINIMUM VALUE = | 0.0 | 0.0 |
| MAXIMUM VALUE = | 36.6492 | 36.6492 |
| SUM OF SCORES = | 334.9456 | 57.9398 |
| SUM SQD. SCORES = | 4136.9141 | 1573.7898 |
| MEAN = | 4.2942 | 8.2771 |
| STAD. DEV. (N) = | 5.8820 | 12.5027 |
| STAD. DEV. (N-1) = | 5.9200 | 13.5044 |

## Appendix C

### Header Sheet for Processing the Weekly Summary of Activity Form 18-440

OFFICE OF **RESEARCH AND EVALUATION**
THE SCHOOL DISTRICT OF PHILADELPHIA

# IDENTIFICATION SHEET FOR INFORMAL TESTS

## INSTRUCTIONS FOR COMPLETING THIS SHEET

1. With a No. 2 pencil, print your name in the blocks provided in the area labeled 'Teacher's Name'. Print your last name first. Blacken the appropriate circle beneath each letter.
2. In the same manner, in the area labeled 'Coded Information', fill in the information requested. Under 'Test Identification', fill in the level or form of the appropriate test. For example, for Sight & Sound Inventory, indicate the test level by filling in A, B, A/B (A and B), or C.
3. Under 'Test Identification' is an area labeled 'Correction for Guessing'. If tests are to be scored using a formula to correct for guessing, then fill in the 'Yes' circle. If tests are to be scored using simply the total number correct, then fill in the 'No' circle. (For further information see 'A NOTE ON SCORING INSTRUCTIONS' below.)

## HANDLING INSTRUCTIONS FOR MACHINE SCORED FORMS

1. Please ensure that:
   a. all pupil forms have been filled in according to the directions.
   b. all clips, rubber bands and perforated edging strips have been removed from pupil forms.
   c. all blank forms and other extraneous papers have been removed from the class set of pupil forms.
   d. care has been taken to prevent the bending of corners and edges.
   e. all forms are facing the same way with the name side up.
2. Please place this form on the top of your class set and forward using an envelope or folder that will protect the set.

## A NOTE ON SCORING INSTRUCTIONS

The tests listed on this Identification Sheet may be scored by one of two methods; a total raw score indicating the total number of items correct, or a raw score corrected for guessing. In the latter case the raw score is equal to the total number correct minus a fraction of the number incorrect. No credit and no penalty is given for unanswered items. This formula is used to discourage pupils from random guessing. Whichever scoring procedure is used, pupils must be properly instructed before taking the test. If no correction for guessing is used they should be told to answer all items and that there is no penalty for guessing. If a correction for guessing is used they must be told that they will receive a minus score for a fraction of the wrong answers.

**EXAMPLES OF IMPROPER MARKS** ✓ ✗ ○

**EXAMPLES OF PROPER MARKS** ● ● ●

**PRINTED INFORMATION**

TEACHER'S NAME _____

SCHOOL NAME _____ SCHOOL CODE _____

ENCIRCLE GRADE K 1 2 3 4 5 6 7 8 9 10 11 12

NUMBER OF ANSWER DOCUMENTS IN THIS CLASS _____

RSB/RIG

TEACHER'S NAME

**CODED INFORMATION**

| SCHOOL CODE | GRADE | SPECIAL CODE | TEST IDENTIFICATION: SIGHT AND SOUND | TEST IDENTIFICATION: SECONDARY READING CHECK |
|---|---|---|---|---|
| | | | A B A/B C | A B C D E |

CONCEPT UNDERSTANDING: A B

CORRECTION FOR GUESSING: YES ○ NO ○

OTHER TESTS: 1 2 3 4 5 6 7 8 9

NCS Trans-Optic F2763L-543

## Appendix D

Individual Child Monthly Summary Forms for

- Psychologists, Educational Diagnosticians (Evaluators), Physical Therapists, Occupational Therapists
- Diagnostic Classroom Teacher
- Social Service Program Specialist (Social Worker)
- Speech, Language & Hearing Therapist

SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF RESEARCH AND EVALUATION
PRIORITY OPERATIONS EVALUATION SERVICES

# INDIVIDUAL CHILD MONTHLY SUMMARY: SPEECH, HEARING, LANGUAGE CLINIC REPORT
## FOR PROJECT P.E.A.C.H.: 1978-1979 – FORM #577

THERAPIST REPORTING/FILING REPORT _____ TITLE _____ MONTH _____ CLINIC _____

KEYPUNCHER:
REPEAT FOR EACH CHILD THE INFO IN THE DESIGNATED COLUMNS

[76-77] ____ MONTH
[78] ____ YEAR
[79-80] ____ PROFESSIONALS ID

PROGRAM

| CHILD'S LAST NAME, FIRST NAME | STUDENT ASSIGNMENT STATUS | DATE OF BIRTH: MONTH | DAY | YEAR | SEX 1=M 2=F | RACE CODE | NUMBER CONTACTS WITH PARENTS/AGENCIES TO: RECORDS | GIVE TEST | INTERPRET RESULTS | COUNSEL/TRAIN PARENTS | OTHER | EVALUATION: TYPE CODE | DATE (DAY) | FAM. APPT. CODE | STATUS CODE | REPORT WRITTEN: DATE (DAY) | PARTICIPATED IN IEP: MDT (DATE) | PPC (DATE) | SPEECH, LANGUAGE, HEARING DIAGNOSIS CODE: PRIMARY DEFICIT | PRIMARY SEVERITY | SECONDARY DEFICIT | SECONDARY SEVERITY | SECONDARY DEFICIT | SECONDARY SEVERITY | AGENCY YOU PROVIDED SERVICES TO: NAME (CODE) | TYPE OF SERVICE | IEP WRITTEN: DATE (DAY) | TYPE CODE | BY OTHER(S) CODE | IMPEDANCE SCREENING: RESULTS | FURTHER STATUS REPORT | REFERRED TO THE NURSE?: VIA (CODE) | FOR (CODE) | PRESCHOOL PROGRAM ATTENDING | REFERRED BY THERAPIST FOR: TESTING | PLACEMENT | TYPE OF PROVIDER | RECEIVING THERAPY PRIMARILY IN AREAS | THERAPY PROVIDED: NUMBER OF DAYS: PRESENT | ABSENT | TYPE ANIMATION: CAUSE | DATE | DISTRICT | PEACH STUDENT I.D. |
|---|---|---

INDIVIDUAL CHILD MONTHLY SUMMARY - PSYCHOLOGISTS, EDUCATIONAL EVALUATORS
P.T./O.T. REPORT FOR PROJECT P.E.A.C.H.

SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF RESEARCH AND EVALUATION
PRIORITY OPERATIONS EVALUATION SERVICES

KEYPUNCHER: (75-76) _____ MONTH (79-80) _____ PROF ID
(77-78) _____ YEAR 78

NAME _____ MONTH _____

| CHILD'S LAST NAME, FIRST NAME | DATE OF BIRTH: MONTH | DAY | YEAR | SEX 1=B 2=G | RACE CODE | EVALUATION: TYPE CODE | # PERSONS OBSERVED DURING EVALUATION | DATE (DAY) | PARENT CONSENT SCHED | PARENT CONSENT STATUS REPORT | REPORT WRITTEN DATE (DAY) | PARTICIPATED IN: NOT DATE (DAY) | PPC DATE (DAY) | HANDICAPPING CONDITION: PRIMARY NAME CODE | SS | OTHER NAME CODE | SECNDRY | OTHER NAME CODE | SECNDRY | AGENCY YOU PROVIDED SERVICES TO: NAME CODE | SERVICE CODE | IEP WRITTEN: DATE (DAY) | LEA CODE | SERVICES | REFERRED BY | P.T./O.T. NUMBER INTERACTION SESSIONS PROVIDED | PRE-SCHOOL PLAN | DISTRICT | PEACH STUDENT I.D. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | 16 17 | 18 19 | 20 | 21 | 22 | 23 | 24 | 25 26 | 27 | 28 | 29 30 | 31 32 | 33 34 | 35 36 | 37 | 38 39 | 40 | 41 42 | 43 | 44 45 | 46 | 47 | 48 49 | 50 | 51 | 52 | 53 54 | 55 | 56 | 71 72 73 74 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

INDIVIDUAL CHILD MONTHLY SUMMARY: DIAGNOSTIC CLASSROOM TEACHER REPORT
FOR P.E.A.C.H. PROJECT

SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF RESEARCH AND EVALUATION
PRIORITY OPERATIONS EVALUATION SERVICES

TEACHER _____ AIDE _____ CENTER _____ DATES: NO SESSIONS/NO CHILDREN ATTENDED _____ (62-63) _____ CENTER ID
(64-66) _____ AIDE ID

KEYPUNCHER – REPEAT FOR EACH CHILD THE INFO IN THE DESIGNATED COLUMNS
(75-76) _____ MONTH
(77-78) _____ YEAR
(79-80) _____ PROF. ID

| CHILD'S LAST NAME, FIRST NAME | | | | | | | | | | | | | | | DATE OF BIRTH: MONTH | DAY | YEAR | SEX 1 = B 2 = G | RACE CODE | DISTRICT | DATE PARTICIPATED IN IEP ANNUAL REVIEW | NUMBER CONTACTS W/PARENTS FOR IEP MEETINGS: PARENT(S) | OTHER | PROGRAM CHILD ENROLLED IN: CODE | ATTENDING | INITIAL DATE (DAY) | ATTENDING SPEECH, LANGUAGE, HEARING CLINIC: CLINIC | AFTER | FOR MONTH | IEP CODE | DATE YOU WROTE IEP UPDATE | WEEK 1: PRESENT | ABSENT | WEEK 2: PRESENT | ABSENT | WEEK 3: PRESENT | ABSENT | WEEK 4: PRESENT | ABSENT | WEEK 5: PRESENT | ABSENT | DATE PROGRESS REPORT WRITTEN | TERMINATION DATE | REASON FOR TERMINATION (CODE) | NUMBER SESSIONS PARENTS OBSERVED/PARTICIPATED IN: CLASS | WORKSHOP | DATE YOU PARTICIPATED IN: MDT | PPC | 0 | PEACH STUDENT I.D. |
|---|---|---

Preschool Special Education
Priority Operations Evaluation Services

INDIVIDUAL CHILD ACTIVITY SUMMARY: SOCIAL SERVICE PROGRAM SPECIALIST

NAME _____ MONTH _____

REPEAT FOR EACH CHILD THE INFO IN THE DESIGNATED COLUMN

77-78 _____ TEAM
79-80 _____ PROF ID

| CHILD'S LAST NAME, FIRST NAME | DATE OF BIRTH: MONTH | DATE (DAY) | YEAR | SEX (1=F, 2=M) | RACE CODE | NUMBER CONTACTS WITH PARENTS TO: GET RECORDS | TEST | REVIEW RESULTS | COUNSEL PARENTS | OTHER | ASSESSED BY: (EDOC) | ATTENDS PRE-SCHOOL PROGRAM (CODE) | HOME VISIT: DATE COMPLETED | FAMILY STRENGTHS (CODE) | STATUS REPORT (CODE) | DATE REPORT WRITTEN | DATES YOU PARTICIPATED IN: INDIT | PPC | HANDICAPPING CONDITION: PRIMARY NAME (EDOC) | SEVERITY | OTHER NAME (EDOC) | SEVERITY | NAME AGENCY YOU PROVIDED SERVICES (CODE) | FOR: TESTING | PLACEMENT | YOU REFERRED CHILD PRIMARILY (USE CODES): AGENCY NAME (CODE) | TYPE OF PROVIDER (USE 01) | SUPPLEMENT | DATES OF: TERMINATION DATE | CODE | INITIAL CONTACT DATE: MONTH | DAY | YEAR | PEACH STUDENT I.D. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 | 16 17 | 18 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 31 | 32 | 33 | 34 35 | 36 37 | 38 39 | 40 41 | 42 | 43 44 | 45 | 46 47 | 48 | 49 | 50 51 | 52 | 53 | 54 55 | 56 | 57 | 58 59 | 60 | 61 62 | 63 | 64 | 65 | 71 72 73 74 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Appendix E

Monthly Summary of Basic Statistical Information

for the PEACH Project 1978-1979

SCHOOL DISTRICT OF PHILADELPHIA
OFFICE OF RESEARCH AND EVALUATION
PRIORITY OPERATIONS EVALUATION SERVICES
PHILADELPHIA, PENNSYLVANIA

MONTHLY SUMMARY OF BASIC STATISTICAL INFORMATION
for the P.E.A.C.H. PROJECT 1978-1979

For Keypuncher

A. BASIC INDIVIDUAL INFORMATION

1. Month; Year - e.g. Jan=01; 1978=78 — 1. Month Year; columns 1 2 3 4

2. Name of Professional _____ — 2. COLUMNS 5 6

3. Number of days worked this month — 3. Columns 7 8

4. Number of days attended Staff Development e,g, 02 — 4. Columns 9 10

5. Number of days attended Staff meetings — 5. Column 11

6. Number of days attended Professional Conferences — 6. Column 12

7. (To be answered by Psychologists, ED Diag., SSPS, P.T./O.T.) Number of days/sessions no children evaluated/processed because no children assigned — 7. Columns 13 14

B. PARENTS AND COMMUNITY

8. Number of workshops conducted/participated in for parents (including orientation sessions) Note: Fill in form entitled "Monthly Summary of Staff Development/ In Service Programs for PEACH Project." — 8. Columns 15 16

9. Number of workshops conducted/participated in for community groups. Note: Fill in form entitled "Monthly Summary of Staff Development/In Service Programs for PEACH Project." — 9. Columns 17 18

10. Number of Ancilllary Supplementary Education Materials prepared/developed for parents to use with children at home — 10. Columns 19 20

11. Number of educational materials you distributed this month

11. ☐☐
Columns 21 22

12. Number of PEACH materials you distributed this month e.g. 77=077

12. ☐☐☐
Columns 23 24 25

C. ADDITIONAL QUESTIONS FOR [illegible] TEACHERS ONLY

13. Number of new children assigned to program for testing/therapy/placement

13. ☐☐
Columns 26 27

14. Number of classes/sessions not held because no child/children assigned

14. ☐☐
Columns 28 29

15. Number of classes/sessions cancelled to attend MDT or PPC

15. ☐☐
Columns 30 31

Appendix F

Project Peach Daily Management Log

PAGE_____ACCESS NO'S_____

DIAGNOSTIC CENTER_____

# PROJECT P.E.A.C.H. DAILY MANAGEMENT LOG

| CHILD'S NAME | AGE | RACE | ACCESS NUMBER | SSPS | | | | EDUCATIONAL DIAGNOSTICIAN | | | | | PSYCHOLOGIST | | | | SPEECH/LANGUAGE THERAPIST | | | | | HEARING THERAPIST | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | HOME VISIT | WROTE REPORT | MDP MEETING | PROGRAM PLANNING CONFERENCE | INITIAL EVALUATION | WROTE REPORT | MDP MEETING | WROTE REPORT | PROGRAM PLANNING CONFERENCE | EVALUATED | WROTE REPORT | MDP MEETING | PROGRAM PLANNING CONFERENCE | INITIAL EVALUATION | WROTE REPORT | MDP MEETING | WROTE REPORT | PROGRAM PLANNING CONFERENCE | INITIAL EVALUATION | WROTE REPORT | MDP MEETING | WROTE REPORT | PROGRAM PLANNING CONFERENCE |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |

**ALL PROFESSIONALS ARE TO LOG THE DATES FOR THE EVENTS LISTED BELOW. THIS LOG MAY NOT BE REMOVED. FILL IN YOUR FULL NAME IN YOUR TITLE BOX.**

| PHYSICAL/OCCUPATIONAL THERAPIST | | | | | PEDIATRICIAN | | | HANDICAPPING CONDITION | DEGREE/ SEVERITY I.E. MILD MODERATE/ SEVERE | PLACEMENT NAME(S) INSTITUTION(S) | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|
| INITIAL EVALUATION | WROTE REPORT | MDP MEETING | WROTE REPORT | PROGRAM PLANNING CONFERENCE | PHYSICAL EXAM | REPORT REC'D | MDP MEETING | | | | |
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